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THE GREAT YARMOUTH
EDUCATION AUTHORITY

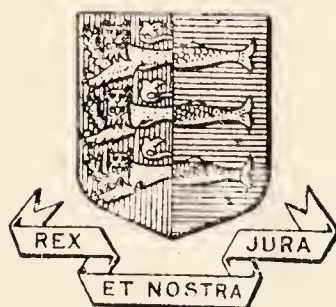
INSTITUTE OF SOCIAL
MEDICINE
10, PARKS ROAD
OXFORD

THE
ANNUAL REPORT
OF
THE SCHOOL MEDICAL OFFICER
For 1947

Great Yarmouth:

John Buckle (Printers) Ltd., Theatre Plain

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TO THE MEMBERS OF THE EDUCATION AUTHORITY OF
GREAT YARMOUTH

Public Health Department,
Town Hall,
Great Yarmouth.

1948.

Your Worship, Ladies and Gentlemen,

I have the honour to present the Report on the work of the School Health Services during 1947.

This year, I am glad to record, has seen not only a general return to normal working and arrangements after the dislocation caused by the war, but also an improvement in the standard of the service with, in addition, some overhaul of the work deficit imposed by the war period, which an increase in staff has made possible.

Throughout this report, figures referring to 1947 are followed by figures in brackets for 1946, differences being frequently due to the differing populations in the two years.

In conclusion, I wish to record that I am most grateful, not only to those who directly or indirectly have helped to operate or been associated with this most important service, but also to those who by their interest have thereby lent their assistance.

I am, Your Worship, Ladies and Gentlemen,

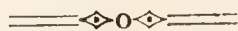
Your obedient servant,

V. N. LEYSHON,

School Medical Officer.

STAFF OF SCHOOL HEALTH SERVICE

DECEMBER, 1947



Medical Staff—

School Medical Officer :

V. N. LEYSHON, M.D., B.S. (Lond.), M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers :

G. H. WHALLEY, M.B., B.S. (Durham), D.P.H., B. Hy.

(Appointed 3rd January, 1947)

B. M. KELLY, M.B., Ch.B., B.A.O., L.M., D.C.H.

Dental Staff—

W. NICHOLLS, L.D.S., R.C.S.

Nursing and Other Staff—

Nurses Whiley and Taylor were appointed in March, 1947, as School Nurses.

There is one Dental Attendant-Clerk.

I—CO-ORDINATION

Complete co-ordination continues between the various branches of the school health and other health services of the Borough, and also between the medical, nursing and clerical staffs, the clinics providing for maternity and child welfare services as well as for the School Health Service.

II—SCHOOL HYGIENE

Any recommendations arising from frequent inspections are made to the School Medical Officer. There are six modern schools with a high standard of hygiene and sanitation, and there are plans to improve the sanitary arrangements of less up-to-date schools. Much decorating has been carried out but there have been no building alterations.

A new infant school of temporary construction is being built at Gorleston, and will contain provision for one nursery class, and conforms to the building regulations laid down for schools in the Education Act of 1944.

III—SCHOOL MEDICAL INSPECTIONS

(a) Routine Inspections.

There continues to be an increase in the number of children coming under the care of the school health service for treatment and

medical inspection. Numbers on the school registers on 31st January, 1946 and 1947, were 4,793 and 5,302 respectively. During 1947, 1,687 (2,042) children were examined at routine medical inspections, at which a high percentage of parents, all being notified and invited to attend, were present. Their presence is essential where young children are concerned if the fullest advantage is to be obtained from these examinations, the primary purpose of which is to detect any defect, whether physical, mental or psychological, for advice or treatment. Specialist advice or treatment is obtained as required and where necessary cases are kept under observation. Parents are becoming increasingly aware of the opportunity which these examinations provide for discussing problems of child management and they can often help the doctor when he may desire to enquire into adverse social and economic conditions in the child's environment.

New record forms, as designed by the Ministry of Education, are in use at "entrants" examinations and for dental patients.

(b) Cleanliness Inspections.

A vigorous attempt has been made during the routine cleanliness surveys made by the School Nurses to reduce what was a considerable and unsatisfactory degree of head louse infestation.

During 1947, 25,195 (16,935) examinations showed 1,290 (436) children to be so affected, giving approximately 5% infested, and 1,160 cleansing notices were issued.

Although the onus of cleanliness lies with the parent, children are dealt with at the clinics where the parents fail after notification to get a child clean, despite the insufficient facilities in the clinics and the time of the nurses which is thereby consumed, for this, together with public re-education, seems the best way to deal with this problem, particularly with habitual offenders where re-infestation often occurs from others in the home.

In respect of scabies, baths and treatment are available at the Gorleston clinic, where during 1947, 103 (516) treatments were carried out.

(c) School Clinics.

School clinics are held every morning at Great Yarmouth and Gorleston. Cases are mainly referred to these clinics by parents and teachers, from which they may be sent either to their family doctor, special clinic, or to Yarmouth General Hospital, according to the needs of the treatment of each case.

During the year 2,993 (1,705) children attended the clinics with 9,371 (11,635) attendances. 708 (505) exclusions were granted.

IV—FINDINGS OF MEDICAL INSPECTIONS

(a) Nutrition.

Reference to Table II (b) gives the classification of the apparent state of nutrition as found in the routine age groups as Good, Fair and Poor instead of A, B, C, D.

Figures recorded cannot be precise as nutrition can only be assessed for these purposes empirically, but the conclusion is that the trend shows improvement.

In the five years preceding 1946, the above average or good nutrition percentage rose by 10% whilst those classed as subnormal fell by about 12%.

The extra meals and milk which school children have at school and the extra nourishment which the child of pre-school age has as milk and cod liver oil has certainly played a large part in this advance. Section VII records particulars of school meals and milk and of provisional additional nourishment.

(b) Minor Ailments and Diseases of the Skin.

Particulars are given in Table III of the number of children treated and total clinic visits paid at routine and special inspections during 1947.

(c) Visual Defects and External Eye Disease.

157 (184) errors of refraction (including squint cases) and 17 (69) cases with other eye diseases were dealt with, whilst 136 (168) spectacles were prescribed and supplied during 1947.

(d) Nose and Throat Defects.

191 (101) cases were noted during the year, and of these 109 (59) cases were recommended for surgical treatment. There were 191 children whose tonsils and adenoids were operated upon and there were 30 who had other ear, nose and throat operations throughout the year under the Authority's scheme.

Owing to the epidemic of "infantile paralysis", nose and throat operations were only done as emergencies for a period.

(e) Dental Defects.

These are dealt with in the Dental Surgeon's report (section XI).

(f) Orthopaedic and Postural Defects.

Particulars of cases treated as in-patients are given in Group IV, Table III, and cases of posture, flat foot and other defects in clinics in Table II.

During the year 24 (12) cases have received operative treatment, 158 (95) cases were seen by the Orthopaedic Surgeon and 476 (404) by the Orthopaedic Nurse. Increased emphasis has been laid on the importance of good posture both to children and parents, and a number of cases have been referred to special classes where the requisite exercises cannot reasonably be given in school.

(g) Heart Disease.

No case of organic disease and 25 (35) functional cases were discovered during the year.

(h) Tuberculosis.

The following cases were referred to the Tuberculosis Officer:—

Pulmonary Tuberculosis, suspected ...	Nil (1)
Non Pulmonary	6 (1)

Children, contacts of tuberculous persons, are examined regularly at a special clinic by the Tuberculosis Officer, and selected delicate and underweight children are referred to this Officer when his opinion is considered desirable. Mantoux and Tuberculin Patch testing is now done by him at a special session in the Yarmouth clinic.

V—ARRANGEMENTS FOR TREATMENT

The Local Authority's arrangements for the treatment of school children are as follows:—

(a) Minor Ailments.

Minor ailment clinics are held daily at Yarmouth and Gorleston from which cases are referred as necessary for specialist advice or treatment.

(b) Dental Defects.

These are dealt with in the clinic at Yarmouth. The School Dental Surgeon's report is given in Section XI.

(c) Visual Defects.

These are dealt with in the clinics and when these require reference to a specialist, appointments are given for cases to be seen by Dr. Souper at the Yarmouth clinic.

(d) Surgical Treatment of Tonsils and Adenoids.

Local Authority arrangements provide for reference to the specialist at the Great Yarmouth General Hospital.

(e) Orthopaedic Defects.

Minor defects of posture receive appropriate exercises at school where this is possible, and home exercises in certain cases, whilst others are referred for special exercises at classes held in Melton Lodge.

The Orthopaedic Surgeon holds a monthly clinic and the Orthopaedic Nurse gives treatment, massage and remedial exercises twice weekly, at Melton Lodge. Cases requiring operative treatment are referred to the Great Yarmouth General Hospital and the Norfolk and Norwich Hospital.

(f) Diphtheria Immunisation.

A special weekly session is held at Yarmouth for school children, and children are also done at the Gorleston clinic. 764 (977) were immunised throughout the year and 105 (158) for the 5-15 age group. As a result of emphasising the need for extra single injections at 5 year intervals, 346 (288) were given.

These figures do not represent any falling off so much as they reflect from the fact that most of the school children are now immunised.

The help of teachers, particularly those in the infant departments, in influencing parents to have their children immunised before starting school is much appreciated.

It is very gratifying to know that no case of diphtheria was reported in the Borough during 1947.

(g) Tuberculosis.

There were two cases of pulmonary tuberculosis in children of school age. Cases are sent to various sanatoria and the Isolation Hospital.

VI—INFECTIOUS DISEASES

Notifications of infectious disease in the school population during 1947 is given below with comparative figures for 1946 and 1945:—

Disease	1945	1946	1947	Remarks
Scarlet Fever	71	34	53	Notice is drawn to the gratifying fact that no case of Diphtheria was notified in 1947.
Diphtheria	6	6	—	
Measles	105	93	82	
Whooping Cough	40	29	36	
Pneumonia	—	3	3	

VII—PROVISION OF MEALS

(a) Meals.

The daily average number of meals served during the year was 2,644 (2,758) of which 248 (790) were free and 2,396 (1,968) were paid for.

(b) Milk.

An approved supply of pasteurised milk is available daily in every school in the Borough for those children attending school. Repeated samples of milk are submitted for laboratory examination. The average number of bottles supplied each day was 4,542 (4,549) which shows no change in consumption from the previous year.

(c) Additional Nourishment.

Additionally to the provision of dinners and milk, children who are recommended by the Assistant Medical Officers are supplied with cod liver oil and malt and adexolin, and of these latter items there has been an increased consumption as a result of the special attention which has been directed to the nutrition of school children.

VIII—PHYSICAL TRAINING

The report of the Organiser of Physical Training is appended:—

No outstanding events have taken place during the year.

The raising of the school leaving age has, in a number of cases, meant that application for increased playing field accommodation in the Parks had to be made. Where this was at all possible permission has been granted.

The erection of the pre-fabricated dining rooms is now serving a dual purpose. Those Schools which have no facilities for indoor physical activity are now able to put this extra accommodation to good use, particularly when outdoor conditions are unsuitable.

During the Summer Term and the first few weeks in September, swimming instruction was given under ideal weather conditions. At the end of the season 676 certificates had been gained — 242 of these being awarded to “Learners”.

Eleven boys and one girl passed the Intermediate Examination of the Royal Life Saving Society, and seven boys and four girls were awarded the Bronze Medallion.

A Teachers' Refresher Course was held during the Spring Term.

E. N. WALSH,

Physical Training Organiser.

IX—CO-OPERATION OF PARENTS, TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES

(a) Parents.

Parents are invited by printed notice to attend at the school when their children are to undergo routine medical inspection, and many also accompany their children to the School Clinic.

The attendance and co-operation of parents facilitates all branches of inspection and treatment.

(b) Teachers.

Without the active co-operation of teachers, the School Health Service would be severely handicapped, and the thanks of the School Medical and Dental Staffs are due to all members of the teaching profession who have, during the past year, and in some cases for many years, done everything possible to assist the service.

Close co-operation exists between the various sections of the School Medical Service and Education Departments, and valuable help has also been afforded by Voluntary Associations and especially the National Society for the Prevention of Cruelty to Children.

X—HANDICAPPED PUPILS

1. (a) Blind and Partially Sighted Children.

The Education Committee are responsible for the maintenance of four children (partially sighted) at the East Anglian School.

(b) Deaf and Partially Deaf Pupils.

Five children are maintained at the East Anglian School and two are waiting for admission.

(c) Educationally Sub-normal Children.

Sixteen children were examined during the year, and of these three were referred to the Occupation Centre.

(d) Epileptic Children.

One pupil is maintained at the Lingfield Epileptic Colony.

(e) Physically Defective Children.

Four children are maintained at a Residential Special School and one is at home.

(f) **Delicate Pupils.**

There are no children maintained at Residential Special Schools.

(g) **Diabetic Pupils.**

No pupil was notified during the year.

(h) **Maladjusted Pupils.**

Seven children were referred to the Norfolk County Council Child Guidance Clinic during the year.

(i) **Pupils suffering from Speech Defects.**

43 boys and 16 girls were notified during the year.

(j) **Pupils suffering from Multiple Defects.**

No case was reported during the year.

2. Developments and Extensions arising out of the Education Act, 1944.

(a) **Delicate Children.**

The Authority proposes to establish a school for delicate pupils on a site to be selected and acquired.

(b) **Educationally Sub-normal Children.**

The Authority proposes to make arrangements for the special educational treatment of mentally retarded pupils, other than those requiring a Special School, in their own schools. In some cases this will be done by the organisation of special groups of retarded children, in others by special treatment of individual pupils working with normal classes.

(c) **Existing Special Schools not to be Maintained by the Authority.**

(1) Blind and deaf children are maintained at the East Anglian School where the Authority has twelve places reserved annually.

(2) Orthopaedic cases are maintained at Melton Lodge and other institutions.

(d) **Physically Handicapped Pupils.**

The Authority has under consideration, in conjunction with neighbouring authorities, the provision of a Special School on a Regional basis primarily for orthopaedic cases.

(e)

Arrangements for securing the special educational treatment of pupils from the Authority's area in Special Schools outside that area:—

- (1) Epileptic Pupils.—Cases are recommended for education in a Special School such as the Lingfield Epileptic Colony.
- (2) Physically Handicapped Children.—Arrangements are made from time to time for cases to be referred to Winchmore Hill (Orthopaedic) Special School and Leasowe Orthopaedic Hospital.

(f) Maladjusted Children.

The Authority, in conjunction with the Norfolk County Council, started a child guidance clinic late in the year at Melton Lodge. 7 cases were referred for advice and treatment.

(g) Pupils suffering from Speech Defects.

The Authority has approved in principle an arrangement to provide, in conjunction with the Norwich and Norfolk Authorities, a Speech Therapy Clinic at Melton Lodge, Yarmouth.

XI—SCHOOL DENTAL REPORT

During the year dental inspections have been carried out at most of the schools in this area. Of the total number of children inspected, approximately 56% accepted treatment.

For the purpose of statistics a certain proportion of children are counted as "refusals". Nevertheless, it would appear that the inspection at which dental defects were noted is useful as it has resulted in their accepting treatment subsequently, either at the clinic as "casuals" or with a private practitioner. The number of "refusals" is accordingly not so high as would seem.

At the clinic every effort is made to dispel the old idea that dentistry is a dreadful process only to be resorted to when pain makes it a lesser evil. No trouble is spared in making the children feel happy and comfortable in the clinic, as it is generally admitted that most of the pain experienced is psychological rather than physical.

There is an increasing number of parents who realise the aesthetic and functional importance of an even dentition, so judicious extraction of teeth was done to relieve overcrowding or to prevent irregularities. I envisage more of this work will be done by the aid of mechanical appliances in view of the importance of irregular teeth and undeveloped

mouths as causative factors in premature loss of many permanent teeth and periodontal disease later in life. No School Dental Service can be complete until this important type of treatment is included in the scheme.

A source of difficulty at present encountered at the clinic is that presented by the "casual" case. These children come unexpectedly and it is often difficult to fit in their treatment, so that they cause congestion in the clinic and delay in the regular appointments. To treat or not to treat, that is the question. At the Yarmouth clinic these patients are judged by their individual history and discrimination is used in offering treatment, also it is unfair to those parents and children who really appreciate the value of systematic inspection and treatment.

During the past year, 17 (19) half-days were spent in inspection when 2,914 (3,800) children were examined. Of these 1,876 (2,168), 66% were referred for treatment and 1,059, 56%, accepted treatment. Among the "routines" the incidence of dental disease was 62%.

At the clinic 2,390 attendances were made by 1,222 cases of whom, 1,138 were completely treated.

1,212 (1,275) permanent and 108 (136) temporary fillings were done, or eleven (9) permanent fillings were inserted for one (1) temporary filling, and 186 (193) permanent and 1,530 (1,754) temporary extractions were made.

The teeth of 139 (118) children were scaled and cleaned, 45 (68) children had silver nitrate applied to their temporary teeth and 100 (105) temporary fillings were inserted in permanent teeth.

The average daily attendance at the clinic was 14.6 (13) and the average number completed treatments was 7 (7).

Special application for treatment was made in 815 (340) cases.

Treatment was carried out at one permanent clinic in Great Yarmouth.

In conclusion I wish to thank the office staffs, teachers, nurses and parents who have so helpfully co-operated in our dental work.

W. NICHOLLS,

School Dental Surgeon.

XII—PLANS FOR NEW CLINIC

The Health and Education Committees have proposed the erection of a new prefabricated clinic adjacent to the Town Hall. This clinic

will provide modern facilities for all branches of the School Medical Service, including up-to-date dental, eye, minor ailment, immunisation, and ultra-violet light departments.

The new clinic will enable the school children to have extended and better facilities for treatment and advice. It will be equipped on modern lines and should prove to be of inestimable value both as regards health and education.

XIII—MISCELLANEOUS

Twenty-four children were examined for employment during the year.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1947

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups:—

Entrants	906
Second Age Group	548
Third Age Group	150
Total	1604
Number of other Periodic Inspections	83
Grand Total	1687

B.—Other Inspections.

Number of Special Inspections	450
Number of Re-Inspections	960
Total	1410

C.—Pupils Found to Require Treatment.

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Group	For defec- tive vision (excluding squint).	For any of the other conditions recorded in Table II A.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	11	291	212
Second Age Group	48	150	130
Third Age Group	10	33	38
Total (prescribed groups)	69	474	380
Other Periodic Inspections	12	40	50
Total	81	514	430

TABLE II.

A.—Return of defects found by medical inspection in the year ended 31st December, 1947:—

Defect Code No.	Defect or Disease	Periodic Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin	33	7	6	3
5.	Eyes:—				
	a. Vision	66	15	5	2
	b. Squint	22	—	5	—
	c. Other	17	—	4	3
6.	Ears:—				
	a. Hearing	2	14	2	4
	b. Otitis Media	20	13	14	11
	c. Other	40	21	5	—
7.	Nose or Throat	103	82	6	—
8.	Speech	1	26	3	18
9.	Cervical Glands	53	106	—	8
10.	Heart & Circulation	2	20	1	2
11.	Lungs	22	9	12	17
12.	Developmental:—				
	a. Hernia	2	6	—	—
	b. Other	—	19	—	—
13.	Orthopaedic:—				
	a. Posture	54	4	9	14
	b. Flat Foot	95	10	10	25
	c. Other	7	18	2	1
14.	Nervous System:—				
	a. Epilepsy	6	—	6	—
	b. Other	7	12	7	4
15.	Psychological:—				
	a. Development	4	1	—	—
	b. Stability	2	4	5	20
16.	Other	39	17	8	6

B.—Classification of the General Condition of Pupils Inspected During the Year in the Age Groups.

Age Groups.	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	906	478	53%	402	44%	26	3%
Second Age Group	548	233	43%	294	53%	21	4%
Third Age Group	150	60	40%	88	59%	2	1%
Other Periodic Inspections	83	35	42%	45	54%	3	4%
Total	1,687	806	48%	829	49%	52	3%

TABLE III.
TREATMENT TABLES

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table V).

(a)	Number of Defects treated, or under treatment during the year
Skin:—	
Ringworm — Scalp:—	
(1) X-Ray treatment ...	2
(2) Other treatment ...	6
Ringworm — Body	58
Scabies	162
Impetigo	197
Other skin diseases	136
Eye Disease:—	
(External and other, but excluding errors of refraction, squint, and cases admitted to Hospital)	224
Ear Defects	235
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	2,019
Total	3,039
(b) Total number of attendances at Authority's minor ailments clinics ...	9849

Group II.—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I).

	No. of defects dealt with
Errors of Refraction (including squint) ...	157
Other defect or disease of the eyes (excluding those recorded in Group I. ...)	17
Total ...	174

No. of pupils for whom spectacles were:—

(a) Prescribed ...	136
(b) Obtained ...	136

Total cases seen in year, 415.

Group III.—Treatment of Defects of Nose and Throat.

	Total number Treated
Received operative treatment:—	
(a) for adenoids and chronic tonsillitis	191
(b) for other nose and throat conditions	30
Received other forms of treatment ...	100
Total ...	321

Group IV.—Orthopaedic and Postural Defects.

(a) No. treated as in-patients in hospitals or hospital schools ...	24
(b) No. treated otherwise, e.g. in clinics or out-patient departments ...	255

Group V.—Child Guidance Treatment and Speech Therapy.

No. of Pupils treated:—

(a) under Child Guidance arrangements	7
(b) under Speech Therapy arrangements	—

TABLE IV.

DENTAL INSPECTION AND TREATMENT

1. Number of pupils inspected by the Authority's Dental Officers:—	
(a) Periodic age groups ...	2914
(b) Specials ...	432
(c) Total (Periodic and Specials) ...	3346

2.	Number found to require treatment	...	...	2308
3.	Number actually treated	...	...	1222
4.	Attendances made by pupils for treatment	...	2390	
5.	Half-days devoted to:—			
	(a) Inspection	...	...	17
	(b) Treatment	...	...	327
	Total (a) and (b)	...	...	344
6.	Fillings:—			
	Permanent teeth	...	...	1212
	Temporary teeth	...	...	108
	Total	...	...	1320
7.	Extractions:—			
	Permanent teeth	...	...	186
	Temporary teeth	...	...	1530
	Total	...	...	1716
8.	Administration of general anaesthetics for extraction	...	...	—
9.	Other Operations:—			
	(a) Permanent teeth	...	...	239
	(b) Temporary teeth	...	...	85
	Total (a) and (b)	...	...	324

TABLE V.

INFESTATION WITH VERMIN

1.	Total number of examinations in the schools by the school nurses or other authorised persons	25195
2.	Total number of individual pupils found to be infested	1290
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944).	1161
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944).	—





2-12/67

